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THE RIGHT TO DEVELOPMENT

Note verbale dated 14 January 2002 from the Permanent Mission of Iraq to the United Nations Office at Geneva addressed to the United Nations High Commissioner for Human Rights

The Permanent Mission of the Republic of Iraq to the United Nations Office and other International Organizations in Geneva presents its compliments to the High Commissioner for Human Rights and has the honour to enclose herewith the study titled "The effects of the embargo and the United States and United Kingdom aggression on the children of Iraq".

The Permanent Mission of the Republic of Iraq would highly appreciate it if the High Commissioner for Human Rights would have this study* circulated as a document of the fifty-eighth session of the Human Rights Commission under item 7 of the agenda of the session.

* Reproduced in the annex as received, in the language of submission and Arabic only.

Annex

The effects of the economic embargo and the United States and United Kingdom aggression on the children of Iraq

The Convention on the Rights of the Child constitutes an important international instrument which ensures children the requisite protection and care in the fields of health, education, the elimination of discrimination and injustice and the enjoyment of a secure and comfortable existence.

Endeavours to secure the advancement of children in Iraq were being made long before the adoption of the Convention in 1989, however. In 1976 a decree was promulgated and entered into force introducing compulsory primary education. In the early 1980s the integration of therapeutic and preventive health services in the governorates of Iraq was effected with the establishment of a central paediatric hospital and the modernization of numerous maternal and child health centres, even in small municipal areas. Working women were afforded significant benefits to ensure adequate care for their children, either in the form of long periods of leave on full pay or benefits and loans. The Labour Code guaranteed the protection of children against labour market exploitation. The institutional framework for the protection of children in Iraq was greatly expanded with the establishment, in 1979, of the Child Welfare Authority under the chairmanship of the Minister of Labour and Social Affairs. Forces were joined to design, monitor and strengthen national platforms of action through cooperation and coordination with the relevant authorities and non-governmental organizations devoted to the welfare of children, including the United Nations Children's Fund (UNICEF).

In 1990, however, Iraq was subjected to one of the most vicious attacks in history, coinciding with the entry into force of the Convention on the Rights of the Child and the imposition of the comprehensive economic embargo. Children have suffered the most from the effects of this aggression and the impact of an economic embargo which has been in place for almost 11 years. This period has been, and continues to be, characterized by a severe shortage of resources in general as well as the imposition of restrictions on and obstacles to the free disposal of those resources by virtue of unjust resolutions imposed under the guise of international legitimacy. All of this has placed children at greater risk in the health, educational and social spheres, just when the major successes of Iraq's development efforts prior to the imposition of the embargo were being crowned by improvements in the health, educational and social situation of children and the achievement of much better results in these domains.

Development efforts have been thwarted by the embargo, as the sanctions have undermined the legitimate rights of children, the assurance of their survival, security and physical integrity as well as their educational development and social well-being. The embargo has made its effects felt in numerous areas, as described here below.

Family living standards in general and the shortage of foodstuffs in particular

The embargo has reversed the gains achieved in the pattern of family spending, which is the acknowledged method by which the consumer distributes his disposable income over a basket of goods and services. (It is generally understood that an increase in expenditure on food as a proportion of total consumption spending signifies a fall in living standards, since it means that other important goods and services such as health services, recreation, household goods and furnishings are being excluded.) The growth and development of children have been adversely

affected, as the economic sanctions have eroded almost a quarter of a century of work aimed at achieving development in this domain. For example, thanks to the improvement of living standards among Iraqi families during the 1980s and 1990s, the relative importance of spending on food as a proportion of total expenditure fell from 54 per cent in 1971/1972 to 48.2 per cent in 1976, 46.3 per cent in 1979, and 42.8 per cent in 1984/1985. During the 1990s, however, this figure rose sharply, reaching 62 per cent in 1993. Prior to the imposition of the sanctions, improvements in family spending patterns in Iraq were accompanied by a marked increase in the average per capita intake of the major nutritional components. The intake of calories, proteins and fats rose steadily from 34 per cent to 42 per cent and then to 35 per cent [sic] during the period from 1979 to 1988. However, because of the severe shortage of foodstuffs which the oppressive circumstances have caused, the per capita intake of these three components has fallen, particularly with regard to protein, an important component for a child's physical growth.

Before the sanctions, Iraq had adopted and implemented a policy based on guaranteeing the entire population a sufficient quantity and quality of food. However, the embargo and the aggression prevented it from continuing with this policy and the nutritional status of the population and individuals deteriorated as a result. This had a marked impact on the health situation, the average daily intake of calories falling from 3,581 calories in 1989 to 1,030 in 1999. Likewise, the amount of protein in the diet fell from 103 grams per day in 1989 to 24 in 1999. It is noteworthy that the latter figure mainly relates to protein of vegetable origin.

The health situation of children is a measure of their nutritional status. Whenever children enjoy adequate nutritional health, they are protected against disease and, if this is accompanied by appropriate care, they can be assured a good level of growth.

The results of the survey on the nutritional status of Iraqi children (as well as the multiple indicator survey) conducted by UNICEF in Baghdad in 2000 show the following:

- Some 15.9 per cent of children were severely or chronically underweight, and 2 per cent were severely underweight;
- Some 22.1 per cent of children were suffering from chronic or severe stunting, severe stunting affecting 1.2 per cent of children;
- Some 5.9 per cent of children were suffering from moderate or severe wasting.

All the indicators relating to chronic or severe malnutrition (underweight, stunting and wasting) are higher in rural areas than in urban centres.

It should be stressed that the effects of the embargo have not been limited to any particular section of the population, but have had a powerful impact on children both in terms of their nutritional and medicinal needs and the provision of all of the requirements for their growth and development. While it may be possible to defer or modify many of an adult's needs, the same does not hold true for a child in the first few years of its life.

In addition to the shortage of food, the embargo has also disrupted the delivery of services relating to the supply of potable water. Water treatment plants sustained considerable damage during the aggression, as the numerous delegations from various agencies and authorities which have visited the region since the military aggression have confirmed. They have also drawn attention to the evident destruction and severe damage caused to many water treatment installations, pumping stations, steam treatment plants and the equipment used by these facilities, particularly in the southern governorates. The Iraqi authorities have done everything in their power to rehabilitate these plants and tackle their lamentable state in order to prevent the spread of water-borne infections and diseases. However, very little has changed because of the ongoing shortage of spare parts and purification equipment and the difficulty of importing them from abroad. Consequently, a significant section of the population is totally

without any safe source of potable water and whatever quantities they receive are wholly inadequate to meet their real needs.

The programmes monitoring the quality of potable water in the country have shown that the percentage of pollutants in drinking water samples taken in all governorates has increased. In some governorates which have been subjected to more intensive aerial and missile bombardments, for example the governorates of Dhi Qar, Basra and Najaf, this figure is very high indeed (50 per cent). In addition, 18 water purification and treatment projects have been brought to a halt by the embargo. Access to safe drinking water is regarded as a fundamental guarantee of a healthy life, particularly where children are concerned. Safe drinking water is one of the major prerequisites for good health, since many children's diseases can be carried via unsafe water. There is also a connection between the absence of facilities for the disposal of human waste and personal hygiene, and a range of diseases, including diarrhoeal diseases and poliomyelitis.

Specialized agencies have endeavoured to supply the various inhabited areas, including rural and remote areas, with potable water, either by expanding purified water networks or constructing storage units. Whereas only half of the population of Iraq had access to potable water in 1968, that figure had risen to 77 per cent by 1987. However, it has increased only slightly since then, reaching 79.5 per cent in 2000.

In spite of the major efforts which the Government of Iraq is making to enhance the cultural situation of children, the iniquitous aggression has had grave consequences for the educational process as well. Damage to the educational environment has been caused not only by the interruption of school supplies contracts and contracts for the import of printing paper for school textbooks, but also by the need to compensate for the shortage of textbooks by using them again and again. Certain companies have also refused to supply Iraq with the pencils which students use for their studies. Since the aggression has damaged other main utilities in the country, including the electricity sector, the educational sector has been affected by electricity cuts, making it difficult for students to do the academic work required to improve their skills and, by consistent study and preparation, to prepare for their exams and deliver the performance required of them throughout the school year.

Through the embargo the aggression has sought to undermine the educational sector as a whole. At every level, the aggression has been targeted at bringing a halt to the development process in Iraq and at all institutions in society, including educational institutions. The latter were damaged during the war of aggression, which destroyed the educational infrastructure. School buildings were destroyed, together with equipment, educational aids, apparatus, laboratories, fittings and furnishings, school records, textbooks and various educational supplies. The total cost of the damage amounted to 214,626,319 Iraqi dinars or over US$ 604 million.

The embargo and the aggression have sought in this way to destroy the minds and intellect of Iraqi children. This is one of the most repulsive crimes of genocide and social destruction which history has ever seen. It contravenes every norm and law and violates every principle on which international human rights treaties and instruments are based.

Health

Children's health is inevitably harmed by shortages of food and potable water. The measure of life expectancy at birth is a reliable indicator of the general level of health and is based on the projected mortality rate across all age groups.

However, the under-five mortality rate is considered a more significant indicator, for two reasons: firstly, because of the demographic weight of this group vis-à-vis the other age groups,

and, secondly, because child mortality rates are known to be rising compared to those of other groups.

The sharp deterioration in the quality of health services for children, the fall in nutritional levels and the decline in living standards have produced the following results:

(a) An increase in the proportion of low-birth-weight babies (weighing less than 2.5 kilograms): according to official records the percentage of children of low birth weight stood at around 5 per cent of all births before the embargo, but climbed steadily to reach a figure of 22 per cent in 1995 and 26 per cent in June 2001;

(b) A large increase in the under-five and infant mortality rates, after Iraq had scored major gains in this area: the infant mortality rate fell to below 30 deaths per 1,000 live births before the embargo and the under-five mortality rate to 50 deaths per 1,000 live births. Both of these rates have now soared so that the infant mortality rate stood at approximately 108 deaths per 1,000 live births and the under-five mortality rate at 131 during the period 1995 to 1999;

(c) A fall in the percentage of children being breastfed: this figure has dropped to 17 per cent compared with global rates which have increased to 40 per cent. One possible explanation for the phenomenon is the poor nutrition among nursing mothers;

(d) A rise in the percentage of children suffering from chronic and severe malnutrition: in spite of a relative improvement in these indicators following the implementation of the Memorandum of Understanding, and in spite of every effort which the State has made to improve the nutritional status of children, the persistence of malnutrition continues to give cause for concern. Studies have shown that malnutrition has contributed to over half of all child deaths.

According to Ministry of Health statistics, the latest figures show a total of 39,733 child deaths in 2001 up to the month of June, while deaths among children over the age of five amounted to 51,660. Taken together, this means a total of 91,393 deaths in the two age groups. As of June 2001, the percentage of low-birth-weight babies (weighing less than 2.5 kilograms) as a monthly average of all birth-weights registered by health institutions during the embargo, stood at 26.08 per cent, as compared with 5.4 per cent in 1990.

A study conducted after the aggression in August 1991 by a team from Harvard University showed that the infant mortality rate had risen to 96 deaths per 1,000 live births; this was four times the rate prevailing prior to the aggression. Likewise, the under-five mortality rate had risen, to 128 deaths per 1,000 live births. A survey by the Ministry of Health and UNICEF in 1999 showed that the infant mortality rate had risen to 108 deaths per 1,000 live births and the under-five mortality rate to 131 deaths per 1,000 live births. At the same time, the maternal mortality rate had risen from 117 deaths per 100,000 live births in 1991 to 794 deaths per 100,000 live births.

In addition to the foregoing, the entire population of Iraq was exposed to thousands of tons of explosives during the vicious aggression.

The United States of America deployed every type of prohibited weapon, polluting the environment and causing serious illnesses as well as side effects which began to manifest in later years. Analytical, epidemiological, clinical and laboratory tests have been carried out into the increasing incidence of cancers, particularly child leukaemia, lung cancer, breast cancer and kidney disease. The incidence of rare foetal deformities and cases of neurological and muscular disorders has also risen, particularly in the southern region and areas close to those which have been polluted by prohibited weapons (depleted uranium). The latter is considered the principle cause of this kind of disease.

As for the psychological impact of the embargo, a study carried out by a Harvard team in 1999 showed that, as a result of the sanctions, 57 per cent of women in Iraq were suffering from psychological problems (anxiety, depression, insomnia, weight loss and headaches). Children were also afflicted by a range of psychological disorders and problems, including depression, sadness, anxiety, fear, insomnia, poor concentration and confusion. These problems were caused by anxiety, fear for the future, and the loss of family members and friends. There is a direct link between such symptoms and the fact that hostile bombardments are being carried out on a virtually permanent basis over Iraqi airspace.

In a subsequent study, the team found that 60 per cent of children were unhappy and that 70 per cent were frightened of losing a family member or loved one.

Education

The Convention on the Rights of the Child, which entered into force in 1990, recognizes the right of the child to a basic education and the need to make primary education compulsory and available free to all. Education is understood to be a decisive factor in managing the problems of poverty and enabling individuals (particularly women) to fulfil their roles. Similarly, the right of children of both sexes to education is a means of guaranteeing their protection against child labour and its associated dangers at an early age and against sexual discrimination. Iraq was among the countries that adopted a policy of compulsory primary education as early as 1978. It did much to overcome the problems associated with drop-out rates and enrolment in primary education, thanks to a national plan which drew on a database of general census indicators. However, the tyrannical embargo imposed on Iraq has impeded this effort. In spite of on-going endeavours by the authorities to implement the Compulsory Primary Education Act, the following symptoms of decline in the educational sector are plain to see:

(a) The percentage of children enrolled in nursery schools fell from 8.2 per cent in 1991 to 6.8 per cent in 1998 and 3.7 per cent in 2000;

(b) The percentage of children enrolled in primary education fell from 92.3 per cent in 1990 to 84.4 per cent in 1996 and 76.3 per cent in 2000. In other words, the enrolment rate in 2000 is lower than the rate in the rest of the world and in developing countries;

(c) Some 88 per cent of children enrolled in the first grade of primary school [do not] continue their studies up to the fifth grade. This percentage is higher than the international average and the rate in developing countries. It reflects lost opportunities to continue education in later years.

In the words of Graça Machel, the former Minister of Education for Mozambique: "I have seen for myself how one year of education can change a child, and how several years of study can change that child's future. I have also seen how education can rescue children from the clutches of poverty, infants from death, and girls from the yolk of slavery. I have lived long enough to see a generation of children armed with an education saving their countries from ruin."

The impact of the embargo has not been limited to the health and education of children in Iraq alone, but has also left its mark on children's well-being and the enjoyment of their childhood. One of the greatest problems engendered by the imposition of the unjust embargo on our glorious region is the entry of numbers of children onto the labour market or their attempt to gain access thereto. Whereas, in 1987, the proportion of economically active children (meaning employed persons and job-seekers) aged 14 and below stood at only 1.3 per cent of all children in this age group, the figure had risen to 7.2 per cent by 1998. While approximately 250 million children, or one child in four, aged between 5 and 14 years, are working in developing countries.

many of them exposed to exploitative and dangerous labour practices, this phenomenon is also on the rise in Iraq.

The World Summit for Children held at New York in 1990 adopted a plan of action for children aimed at developing and implementing national programmes of work for children and establishing mechanisms to monitor the achievement of the objectives established to ensure the welfare of the child. There are a wide variety of indicators suggesting that the well-being of children in Iraq has deteriorated and that many of the rights set forth in the Convention on the Rights of the Child have not been fully realized because of the current circumstances in which Iraqi children are deprived of food, medicine and water. If the aggression continues, they could even be deprived of air.

Hence the need to design and plan effective and appropriate measures to save our innocent children.

Where once the prospects for development favoured great success and the child was viewed by the leadership as a national, patriotic and humanitarian project requiring a healthy environment for growth, education and a family life based on efficiency, well-being and social security, the aggression and the impact of the embargo have led to the destruction of many of these development dreams and they continue to pose a grave threat to human rights in general and the rights of the child in particular.

The fact that the enemies have sought to do battle against children in Iraq raises a question for all persons of good will throughout in the world. What are the reasons for wishing to continue to kill children and to maintain this embargo?

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